



**South Carolina Department of  
Probation, Parole & Pardon Services**  
*Office of Victim Services*

Inmate's Name \_\_\_\_\_ SCDC # (if known) \_\_\_\_\_

Offense(s) \_\_\_\_\_

County \_\_\_\_\_ Date of Sentence \_\_\_\_\_

Sentence \_\_\_\_\_

Name of Person Requesting Notification \_\_\_\_\_

Your Relationship to Victim \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_

I request to be notified of any parole hearing regarding the above named inmate. I understand that if my address and/or phone number changes, I am responsible for notifying the Office of Victim Services, SCDPPPS.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

*Mail this form to:*

**Missy Rodgers, Victim Services Liaison  
Office of Victim Services  
S.C. Department of Probation, Parole & Pardon Services  
P.O. Box 50666, 2221 Devine St.  
Columbia, SC 29250**

*If you have questions, call toll free:*

**1-888-551-4118 or  
(803) 734-9367 (in Columbia)**



**\*The S.C. Department of Corrections, a separate agency, will notify you in the event of escape or release on a community program, provided they have your notification request on file. Please contact Barbara Grissom at SCDC, (803) 896-1733 or 1-800-835-0304 if you live outside the Columbia area, for more information or to answer questions concerning this matter.**